

This document depicts all questions and data fields on each screen. In addition, this document illustrates the programs and special circumstances for which a question appears.

Column Name	Description	Additional Notes
Page Name	Phrase that depicts the type of information collected on each screen.	
Question ID	4-character unique question ID. This is mostly used for development/coding purposes.	
Date Updated	Last updated date	
Actual Text	Display text for the question	
Program	Questions/phrases can either be mandatory, required, optional or not displayed. The program columns depict whether questions/phrases are M (mandatory), R (required), O (optional), or X (not displayed) for a particular program.	
Notes	Describes the conditions for which a question or set of questions are displayed (i.e. display this question if at least one person in the household is over the age of 18). May contain other notes regarding the behavior of a specific question/phrase.	
Input Type	The form of HTML element (Text Box, Checkbox, Radio, Dropdown etc) that will be used to collect information.	
Default Value	The value that is defaulted if the user does not answer a given question.	
Range	Questions/phrases can either be mandatory, required, optional or not displayed. The program columns depict whether questions/phrases are M (mandatory), R (required), O (optional), or X (not displayed) for a particular program. Within the application, a mandatory question/phrase is denoted using a star; a required question/phrase is denoted using an arrow; an optional question/phrase does not have an identifying character; and questions not needed for a program are not displayed on the screen.	Per the Common Intake Data Dictionary provided as part of the inception/elaboration documentation, mandatory means that the program cannot accept an application without this data element. Required means that the program wants the data element flagged as required, but that the application can be accepted without it. Optional means that the program will accept the data element, but there is no requirement for the application to provide it.
Validation	Validation checks for each field.	Ex: The Pregnancy question can only be true for females.
Response	Error Message that will be displayed if field level validation fails.	

Elements											
		Program Key: FS - Food Stamps Benefits TANF - Temporary Assistance for Needy Families HC - Health Coverage	Key D - Field is displayed R - Field is mandatory O - Field is optional C - Field is conditionally mandatory X - Field is not displayed N - Field is not required								
			Release 1								
Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
		Screening Survey									
SC001	T0005	Welcome to QualCheck Recepción a QualCheck Please select the option that best fits your needs: Por Favor, escoja la opción que mejor describa su caso:	D	D	D						

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
SC002	T0010	<p>Welcome to QualCheck</p> <p>Welcome to QualCheck. On this web site we can tell Indiana residents if they might be able to get:</p> <ul style="list-style-type: none"> • Food Stamps • Cash Assistance • Health Coverage <p>Just by answering a few short questions we'll be able to tell if you or those in your household might qualify for any, or all, of them. We'll be asking you to tell us about the number of people in your home, the money you get from your job and other places, and other related questions. Don't worry, the information you give to us is completely confidential. We don't keep this information and no one else can see it.</p> <p>When you're finished, you'll know if you might qualify for Food Stamps, Cash Assistance, or Health Coverage.</p> <p>Please keep in mind that QualCheck assumes that everyone in your household is an Indiana resident.</p> <p>Please remember that QualCheck is a basic screening tool. It is not an official application for services. Even if QualCheck says you may not be eligible please consider filling out an application so a qualified worker may make an official decision.</p>	D	D	D	<p>Pre-condition: User selected "Enter" on SC001</p> <p>Notes: Food Stamps link: http://www.in.gov/fssa/families/stamps/index.html</p> <p>Cash Assistance link: http://www.in.gov/fssa/families/tanf/index.html</p> <p>Health Coverage link: http://www.in.gov/fssa/services/disabl/medicaid/elig.html</p>					

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
SC005	T0015	Navigation Help									
	T0016	Note: You may come back to this help at any time during the screening process by clicking on 'Navigation Help' on the left hand side of the page.	D	D	D						
	T0020	Navigation Once you have started this screening tool, please do not use the Forward, Back, or Stop buttons<images> on the top of your screen. Instead, use the navigation buttons on the bottom of the web page.	D	D	D						
	T0025	Back Clicking the BACK button <image> at the bottom of the page will take you to the previous page.	D	D	D						
	T0030	Exit Clicking the EXIT button <image> at the bottom of the page will erase all the information you have entered and end the screening process.	D	D	D						
	T0035	Next Clicking the NEXT button <image> at the bottom of the page will take you to the next page.	D	D	D						
	T0040	Scroll Some pages may contain more text than others and you may need to scroll in order to view the entire page. To get to the bottom of the page, use the down arrow on your keyboard. To return to the top of the page, use the up arrow.	D	D	D						
	T0045	Required Fields Whenever you see a red asterisk symbol *, you are required to answer the question and enter information in order to proceed.	D	D	D						

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
	T0050	Drop-down Box A Drop-down Box <image> contains a list of possible choices. To see the list, click on the down arrow. You should then click on the best choice that will answer the question.	D	D	D						
	T0055	Radio Button Radio Buttons <image> display all the available choices with a small circle to the left. To pick your answer, click on the circle before it. To change your answer, simply click on the circle of your new selection.	D	D	D						
	T0060	Text Box A Text Box <image> is an empty box where you can type in your answer using the keyboard. First click in the box and then type in the answer to the question.	D	D	D						
	T0065	Check Box A Check Box <image> can be selected by clicking on it once. To remove your selection, click on the check box again. Check boxes are used for questions that can have more than one answer.	D	D	D						
	T0066	Question Help Whenever you see a question with selected word(s) highlighted in blue, there is additional help available on that topic. You can find that help by clicking on the highlighted part. This will open up a new window with additional information on the topic you clicked on. Once you have read the information, you can close the new window using the [X] button in the upper right-hand corner and continue with the screening tool.	D	D	D						
	T0067	General Information									

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
SC006	T0067a	Note: Before you begin the screening tool, we would like to ask you two questions to help us know who is using this screening tool and where you are when you use it. However, you do not have to answer these questions. To skip this section, simply click the NEXT button at the bottom of this page.	D	D	D						
	T0068	Please tell us who is filling out the information:	O	O	O		Dropdown		<blank>, Self - for me or my family, Self - for non-family members, Provider, Community Based Organization		
	T0069	Where are you using this screening tool?	O	O	O		Dropdown		<blank>, My Home, Relative's or Friend's Home, Library, School, Workplace, Government Office, Other		
	T0069a	<i>Note: Answers about you and your family will be kept private and electronically secure and will not be saved.</i>	D	D	D						
	T0070	Household Information	D	D	D						
	T0075	* Including you, how many people live in your home?	R	R	R		Dropdown		1-18	Mandatory Field	

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SC010	T0080	This website can only screen for homes with up to 18 people in them. If you have more than that, count only the people who you believe may be able to receive benefits.	D	D	D						
	T0085	<i>Note: Answers about you and your family will be kept private and electronically secure and will not be saved.</i>	D	D	D						
SC020	T0090	Individual Information	D	D	D						
	T0100	Please tell us about each member of the household:	D	D	D						
	T0105	Name: We do not keep the names you give us. Use first names, or nicknames, or even initials. Age: If someone is less than 1 year old, please enter 1. Sex: Please tell us if each person is a male or female.	D	D	D						
	T0110	* Name	R	R	R	Size = Length = 15	Text Box			Mandatory. Only Alphanumeric values allowed.	
	T0115	* Age	R	R	R	Size = Length = 3	Text Box		1-999	Mandatory. Only Numeric values allowed.	
	T0116	Years Old	D	D	D	Displays with previous question					
	T0120	* Sex	R	R	R		Radio		Male/Female	Mandatory	
	T0125	<i>Note: Answers about you and your family will be kept private and electronically secure and will not be saved.</i>	D	D	D						
	T0130	Individual Information									

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
SC030	T0135	Is <Person A> disabled?	R	N	R		Radio	No	Yes/No		
	T0140	Is <Person A> blind?	N	N	R		Radio	No	Yes/No		
	T0145	Does <Person A> have <u>Medicare</u> insurance?	N	N	R		Radio	No	Yes/No		
	T0150	Is <Person A> pregnant?	N	N	R		Radio	No	Yes/No	Must be Female Age > 7	
	T0155	How many babies is <Person A> expecting?	N	N	R	Length = 1	Text Box	0	1-9	Must be Female Age > 7 and Pregnant.	
	T0160	If the pregnant person is expecting just one baby, enter 1. If she is expecting twins or triplets, enter 2 or 3. If you don't know, enter 1.	D	D	D						
	T0165	<i>Note: Answers about you and your family will be kept private and electronically secure and will not be saved.</i>	D	D	D						
	T0170	Relationship Information	D	D	D	This page will be redisplayed dependent upon the number of people in the household. Relationships will be pre-populated based upon previous screen entries.					

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
SC040	T0175	How are the people in your house related to each other?	R	R	R	Relationship will be displayed based on the gender of the individual.	Drop Down	is not related to	is the wife of/is the mother of/is the step-mother of/is a step-daughter of/is a sister or half-sister of/is a step-sister of/s a granddaughter of/is a grandmother of/is related in some other way to/is not related to		
	T0180							is not related to	is the husband of/is the father of/is the step-father of/is a step-son of/is a brother or half-brother of/is a step-brother of/is a grandson of/is a grandfather of/is related in some other way to/is not related to		
	T0185	Tell us how each person is related to each other by using the drop-down choices.	D	D	D						

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
SC050	T0225	Who takes care of <Child A>?	N	C	C	Condition: Child age < 18 does not have 'Mother' or 'Father'. NPCT can be any individual in the HH or 'No one in the household'.	Radio	No one in the household	All Individuals in HH age >=18 and "No one in the household"		
	T0230	Since there was no parent selected for this child, tell us who takes care of (prefilled child with no parent).	D	D	D						
	T0235	<i>Note: Answers about you and your family will be kept private and electronically secure and will not be saved.</i>	D	D	D						
SC060	T0240	Financial Information	D	D	D						
	T0245	Resources	D	D	D						
	T0250	Check each person in your house who has any cash, bank accounts, stocks, bonds, CDs (Certificate of Deposit) or retirement accounts.	R	R	R	All individuals in HH are displayed.	Checkbox		All individuals in HH		
	T0255	Earned Income	D	D	D						
	T0260	Check each person (age 18 or older) who receives earned income. Earned income is money received from a job working for someone else or working for himself or herself.	R	R	R		Checkbox		Condition: Only individuals in the household age 18 or older will be displayed.		
	T0265	Unearned Income	D	D	D						

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
SC060	T0270	Check each person (including children) who receives unearned income. Unearned income is money received from places other than a job or working for himself or herself such as Social Security, SSI, Child Support, Unemployment Benefits, etc. Note: If there is a child receiving Child Support, please select the child.	R	R	R	All individuals in HH are displayed.	Checkbox		All individuals in HH		
	T0275	Expenses	D	D	D						
	T0280	Check all persons living with you who have medical bills that are not paid for by Medicare or other insurance companies.	R	N	R	All individuals in HH are displayed.	Checkbox		All individuals in HH		
	T0285	<i>Note: Answers about you and your family will be kept private and electronically secure and will not be saved.</i>	D	D	D						
	T0290	Financial Information Details	D	D	D						
	T0300	Note: When entering the information below, please enter dollar amounts and do not include cents. For example, \$100.10 would be entered as \$<image> .	D	D	D						
	T0305	Resources	D	D	D						
	T0310	Enter the dollar amount for each person who has any cash, bank accounts, stocks, bonds, Certificates of Deposit, or retirement accounts:	D	D	D	This will appear as part of the previous question.					
	T0320	Cash	R	R	R	This will appear as part of the previous question.	Text Box			Numeric Only	

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
	T0325	Bank Accounts	R	R	R	This will appear as part of the previous question.	Text Box			Numeric Only	
	T0330	Stocks and Bonds	R	R	R	This will appear as part of the previous question.	Text Box			Numeric Only	
	T0335	Certificates of Deposit	R	R	R	This will appear as part of the previous question.	Text Box			Numeric Only	
	T0336	Retirement Accounts	R	R	R	This will appear as part of the previous question.	Text Box			Numeric Only	
	T0340	Earned Income	D	D	D						
	T0345	Enter the dollar amount (before taxes and deductions) earned by each person in your home who is age 18 or older. Select how often each earned income type is received.	R	R	R		Text Box (Numeric)		0-999999	Numeric Only	
	T0350	<Range>	D	D	D	This will appear for each individual selected.	Drop Down		Weekly/Every Two Weeks/Monthly		

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
SC070	T0355	Unearned Income	D	D	D						
	T0360	Enter the monthly total amount for each person (including children) for all the types of unearned income that is received. Note: If there is a child receiving Child Support, please fill in the dollar amount for the child (and not the parent or the person taking care of the child).	D	D	D						
	T0365	<u>Social Security</u>	R	R	R	If value is greater than zero then assume person is receiving SSI.	Text Box		Monthly	Numeric Only	
	T0370	<u>SSI</u>	R	R	R	This will appear as part of the previous question.	Text Box		Monthly	Numeric Only	
	T0375	<u>Child Support</u>	R	R	R	If value is greater than zero then assume person is receiving Child Support.	Text Box		Monthly	Numeric Only, Only for Individual <= 18	You have entered child support for an adult. Please correct and enter the child support income for the child.
	T0380	<u>Unemployment Benefits</u>	R	R	R	This will appear as part of the previous question.	Text Box		Monthly	Numeric Only	

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
	T0385	<u>Other</u>	R	R	R	This will appear as part of the previous question.	Text Box		Monthly	Numeric Only	
	T0390	Expenses	D	D	D						
	T0395	Enter the dollar amount of <u>medical bills</u> for each person displayed below. Do not include bills that will be paid for by Medicare or other insurance companies.	R	N	R		Text Box (Numeric)		0-999999	Numeric Only	
	T0400	per month	D	D	D	This will appear as part of the previous question.					
	T0405	How much is your <u>rent or house payment</u> each month, including mortgage, property taxes, homeowner's insurance, etc.?	R	N	N		Text Box		0-999999	Numeric Only	
	T0410	per month	D	D	D	This will appear as part of the previous question.					
	T0415	Is your household responsible for paying heating or cooling bills for your home?	R	N	N		Radio	No	Yes/No		

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Screen ID	Question ID	Actual Text	FS	TANF	HC	Notes/ Pre-Conditions	Input Type	Default Value	Range	Validations	Response #
	T0420	<i>Note: Answers about you and your family will be kept private and electronically secure and will not be saved.</i>	D	D	D						

HELP TEXT

Hyperlink	Question ID
Medicare	T0145
Retirement Accounts	T0336
Social Security	T0365
SSI	T0370
Child Support	T0375
Unemployment Benefits	T0380
Other (Unearned Income)	T0385
Medical Bills	T0395
Rent or House Payment	T0405

RESULTS TEXT

Program	Results - Eligible Page	Results - Ineligible Page	Hyperlink Details
Introduction Paragraph	<p>Based on your answers, individuals may qualify for the following programs.</p> <p>Thank you for answering the questions. QualCheck has compared your answers with the primary eligibility rules for Food Stamps, Cash Assistance and Health Coverage. Please note that the results are not an official determination of eligibility and do not guarantee that you will qualify for these programs. To find out if your household is eligible to receive benefits, you must apply for the programs. You have the right to apply for benefits regardless of the results of this screening tool. There is no risk to you if you apply and are not eligible. The State encourages you to apply since these program guidelines are complicated and you may be eligible for some of the benefits offered by FSSA. To apply, see the 'How to Apply' instructions at the bottom of this page.</p> <p>The screening tool assumes that everyone in the household lives in Indiana and is a U.S. Citizen or eligible non-citizen.</p>	<p>Based on your answers, individuals may NOT qualify for the following programs.</p> <p>Thank you for answering the questions. Based upon your answers, QualCheck has determined that the individuals listed below may not be eligible for Food Stamps, Cash Assistance or Health Coverage. Please note that the results are not an official determination of eligibility. To find out if your household is eligible to receive benefits, you must apply for the programs. You have the right to apply for benefits regardless of the results of this screening tool. There is no risk to you if you apply and are not eligible. The State encourages you to apply since these program guidelines are complicated and you may be eligible for some of the benefits offered by FSSA. To apply, see the 'How to Apply' instructions at the bottom of this page.</p>	
Food Stamps	<p>The normal processing of Food Stamp applications can take up to 30 days. Some applications may be determined eligible for faster service if qualified.</p> <p>Some people may not be able to get Food Stamp benefits. These people include: People on strike Immigrants without papers College students</p> <p>Most people convicted for the possession, distribution and/or use of a controlled substance (Drug Felons) are not eligible for Food Stamps.</p>	<p>The normal processing of Food Stamp applications can take up to 30 days. Some applications may be determined eligible for faster service if qualified.</p> <p>Some people may not be able to get Food Stamp benefits. These people include: People on strike Immigrants without papers College students</p> <p>Most people convicted for the possession, distribution and/or use of a controlled substance (Drug Felons) are not eligible for Food Stamps.</p>	

RESULTS TEXT

TANF	<p>Your results for Cash Assistance might change:</p> <ul style="list-style-type: none">- if there are step-parents in the household with income.- if a child's parents both live in the household.	<p>Your results for Cash Assistance might change:</p> <ul style="list-style-type: none">- if there are step-parents in the household with income.- if a child's parents both live in the household.	
Health Coverage	<p>There are different health plans and different benefit packages that range from full to limited health coverage. Most plans are available at no cost or low cost. When you apply, we will determine the most coverage available for you.</p> <p>Non-citizens, depending upon their citizenship status granted by the Citizenship and Immigration Services (CIS) may be eligible for full or emergency medical health coverage.</p>	<p>If the results show that someone in the home may qualify for health coverage and some do not we suggest that you apply for everyone.</p> <p>If the results show that children do not qualify for health coverage and the parent living in the home pays for child care, we suggest that you apply.</p> <p>If the results show that parents in the home may not qualify for health coverage and they are not married to each other, we suggest that they apply.</p> <p>If the results show that parents in the home may not qualify and they are not married to each other, we suggest that they apply.</p>	
Apply Text	<p>How to Apply? To apply for these programs, contact your <u>local office of the Division of Family Resources</u> in the county in which you live. You may apply by simply filing an application which contains a name, address and signature of a household member. Applications may be taken to the local DFR office, mailed or faxed.</p> <ul style="list-style-type: none">• <u>Application in English</u>• <u>Application in Spanish</u> <p>The local office of the Division of Family Resources in each of the ninety-two Indiana counties has the responsibility for processing applications, certifying eligible applicants for participation, and issuing benefits.</p>	<p>How to Apply? To apply for these programs, contact your <u>local office of the Division of Family Resources</u> in the county in which you live. You may apply by simply filing an application which contains a name, address and signature of a household member. Applications may be taken to the local DFR office, mailed or faxed.</p> <ul style="list-style-type: none">• <u>Application in English</u>• <u>Application in Spanish</u> <p>The local office of the Division of Family Resources in each of the ninety-two Indiana counties has the responsibility for processing applications, certifying eligible applicants for participation, and issuing benefits.</p>	<p><u>local office of the Division of Family Resources:</u> http://www.in.gov/fssa/children/dfc/directory/</p> <p><u>Application in English:</u> http://www.in.gov/icpr/webfile/formsdiv/30465.pdf</p> <p><u>Application in Spanish:</u> http://www.in.gov/icpr/webfile/formsdiv/48399.pdf</p>